



CITY OF TROUTDALE BUSINESS LICENSE APPLICATION

219 E Historic Columbia River Hwy, Troutdale, Oregon 97060 | Phone 503-665-5175 | www.troutdaleoregon.gov

- ☐ Standard Business License \$80
If opening a commercial business, complete pages 1-3
- ☐ Home Occupation License \$60
- ☐ Street Side Sales License \$80

OFFICE USE ONLY
Business License Number:
2020 - _ _ _ _

Prospective Opening Date: _/ _/ _

PLEASE PRINT CLEARLY

Business Name:	Business Phone (1):
DBA (if applies):	Business Phone (2):
Business Description:	E-mail Address:
Business Address (no PO boxes):	City/State/Zip:
Mailing Address:	City/State/Zip:
Detailed Business Description: (please be specific)	

OWNER / PARTNER INFORMATION

The applicant is considered the **business owner**.

<input type="checkbox"/> Business Owner	<input type="checkbox"/> Local Manager	<input type="checkbox"/> Partner	<input type="checkbox"/> Corporate Contact
(REQUIRED for all corporations or partnerships)			
Name:			
Mailing Address:			
Primary Phone #	<input type="checkbox"/> cell <input type="checkbox"/> office	<input type="checkbox"/> cell <input type="checkbox"/> home/office	
Email (REQUIRED):			
REQUIRED INFORMATION:	Birthdate:	Driver License #:	State:

WHAT ARE YOU APPLYING FOR?

Check **all** boxes that apply and include the corresponding forms/licenses/certifications with this application.

Standard Business License	<input type="checkbox"/>	Home Occupation License	<input type="checkbox"/>	Street Side Sales License	<input type="checkbox"/>
Rental Property Form	<input type="checkbox"/>	Regulation Compliance (initial on back of this form)	<input type="checkbox"/>	Regulation Compliance (initial on back of this form)	<input type="checkbox"/>
Peddler / Solicitor Form	<input type="checkbox"/>	Foster/Daycare Certification	<input type="checkbox"/>	Current Lease Agreement (required)	<input type="checkbox"/>
Amusement Device Form	<input type="checkbox"/>	Landscape Affidavit	<input type="checkbox"/>	Sign Application (required)	<input type="checkbox"/>
Foster/Daycare Certification	<input type="checkbox"/>	Peddler / Solicitor Form	<input type="checkbox"/>	Fire Permit Application (required)	<input type="checkbox"/>
Landscape Affidavit	<input type="checkbox"/>	Rental Property Form	<input type="checkbox"/>		

Business Classification (check one): ☐ Corporation ☐ LLC ☐ S. Corp ☐ LLP ☐ Sole Proprietor

BUILDING / CONTRACTOR REGISTRATION & LICENSING

Construction Contractors Board #:	Landscape Contractors Board #:
Metro Contractor #:	Plumbing/Electrical State Registration #:
DEQ REQUIRED PERMIT (if applies to business):	
NPDES Permit #:	Type of permit:

HOME OCCUPATION / STREET SIDE SALES REGULATIONS

If your business is either located in your home, or is a temporary street side sales business (fireworks, Christmas tree, food sales), please make sure you have received and read the brochure listing regulations from the Troutdale Development Code. You must initial below indicating that you have read and accept/understand those rules that apply to your business.

(Initial here) _____ I have received and read the Home Occupation & Street Side Sales Regulations and agree to comply with all applicable regulations.

IF THE BUSINESS ADDRESS IS IN TROUTDALE, ARE YOU THE PROPERTY OWNER? Yes ☐ No ☐ (if no,

please provide the **(required)** information below):

Property Owner Name

Phone:

Email:

Mailing Address:

City/State/Zip:

IF YOUR BUSINESS IS LOCATED IN TROUTDALE, PLEASE COMPLETE:

Are you self-employed? Yes ☐ No ☐

of employees (include self): FT # _____ PT # _____

Circle days business operates:

M TU W TH FR SA SU

Business Hours: _____

BUSINESS LICENSE FEES

Business License Fee **(NON-REFUNDABLE)**

Standard or Street Side Sales: \$80 Home Occupation: \$60

\$

Peddler / Solicitor x \$5 per person

\$

Total Fees:

\$

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION:

I hereby certify that the information contained herein is true to the best of my knowledge. I agree and understand that the City of Troutdale, in evaluating this application, may review my criminal history and the criminal history of any employee who is going to work for the business, which is the subject of this license. I agree to abide by all applicable codes and ordinances of the City of Troutdale and to correct any hazards or violations as they may pertain to the above business. Issuance of the license does not guarantee that the site or use conforms to the City of Troutdale land use regulations.

OFFICE USE ONLY

Planning Division		Date
Zoning Code	NAICS Code	TAZ Code
Building Division:	Initial:	Date
<input type="checkbox"/> C of O	_____	
<input type="checkbox"/> CCB / LCB	_____	
MCSO Sheriff's Office		Date
Copy to Gresham Fire: Yes <input type="checkbox"/> N/A <input type="checkbox"/> (If N/A, state reason)		Date
Receipt #		Date
Amount Paid		\$
Issued with exceptions?		Yes <input type="checkbox"/>

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

COMMERCIAL BUSINESS WORKSHEET

IF YOU ARE OPENING A COMMERCIAL BUSINESS IN TROUTDALE, YOU MUST COMPLETE THIS PAGE IN ADDITION TO PAGES 1-2.

BUSINESS BUILDING SPACE INFORMATION

Describe changes/alterations, additions or work that will be done to the space occupied by your business ("N/A" if none)

What is the square footage that will be occupied by your business?

What type of businesses share a wall with your businesses?

☐ Office ☐ Retail ☐ Restaurant ☐ Other:

Will you have a commercial kitchen?

☐ Yes ☐ No

How many bathrooms are there?

How many exits to the exterior of the building?

Are there sprinklers in your business space?

☐ Yes ☐ No ☐ Unsure

Are any hazardous / combustible materials or liquids used?

☐ Yes ☐ No ☐ Unsure

ENVIRONMENTAL SURVEY

Does your company use/handle/generate or store any hazardous chemicals or chemical waste?

☐ Yes ☐ No

Does your business have a commercial kitchen or use water for washing vehicles, buildings, engines, equipment, pavement, or other objects that use soap, detergents, heat, grease, oil, dissolved metals, nutrients, microbes, soil or other particulates?

☐ Yes ☐ No

Are there floor drains, catch basins, sumps, sinks or outlets to the sanitary sewer or storm system in your manufacturing / production or storage areas?

☐ Yes ☐ No

(If YES, select below what will be in the discharged wastewater)

☐ Metallic ☐ Color Dyes ☐ Soaps/Detergent ☐ Amalgam ☐ Alkaline ☐ Toxic Organics
☐ Fat, Oil, Grease ☐ Medicine/RX ☐ Hot Water ☐ Acid ☐ Other:

Will the quantity of wastewater be greater than 25,000 gallons per day?

☐ Yes ☐ No

Is there stormwater runoff from areas where materials, chemicals or equipment are handled or stored outside that could be discharged to the public stormwater system? Stormwater discharges associated with certain industrial activities may require a DEQ 1200-Z / 1200-CoL permit. To obtain the permit application, go to: www.deq.state.or.us/wq/stormwater/industrial.htm

☐ Yes ☐ No

For questions regarding the above worksheet, please contact the Community Development Department at 503-674-7229.
For general business license questions, please call 503-665-5175.